DOCUMENT RESUME

ED 087 528 PS 006 891

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TITLE Supervision of the Paraprofessional: The Homemaker.
INSTITUTION Children's Aid Socicty, New York, N.Y. Homemaker Service.
PUB DATE 16 May 73
NOTE 26p.; Paper presented at the Eastern Regional Conference of the Child Welfare League of America (Washington, D.C., May 16, 1973)

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS *Child Welfare; Community Services; Home Management; *Inservice Education; *Program Administration; *Social Services; Social Workers; *Visiting Homemakers

ABSTRACT

The Director of Homemaker Service at the Children's Aid Society relates the process by which paraprofessional homemakers are prepared through inservice training and continuing supervision by the professional staff. Because the homemakers' backgrounds range from five years of grammar school to some experience in college, the training program must be geared to reach everyone regardless of educational background or native abilities. Inservice training is given in two ways: through monthly training sessions given by the director of the service and through supervision by social workers on individual cases. Although the major emphasis of the homemakers is on the care of the children, care of the home, home management, planning of meals, and food preparation are not ignored. The homemaker's relationship with the professional social work staff and with the family she serves are discussed as critical areas in the successful operation of the total delivery service. (CS)

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SUPERVISION OF THE PARAPROFESSIONAL: THE HOMEMAKER

This will include an examination of orientation, on-going supervision, and in-service training of the Homemaker as a paraprofessional. Some consideration will be given to the supervisory needs of this group as compared with those of other paraprofessionals.

The supervision of homemakers, paraprofessionals, involves not only the direct supervision of the homemaker but also orientation and in-service training. They are all so inter-related and parts of the same process that they cannot be separated. This is the process through which paraprofessionals are developed so that working together with professional staff, needed services can be delivered to the community.

How are these services delivered? There are some variations depending on the size of the program. The important basic ingredient, however, is that there be professional personnel as well as homemaker staff. The National Council of Homemaker-Home Health Aide Services, Inc. has set the following standard in its Approval Program: "Homemaker-home health aide service is a team service including both professional personnel and homemaker-home health aides. The role of the professional(s) is to assess the need for service (including establishing and being responsible for the plan of case), and supervision of the homemaker-home health aides. These two major professional

roles may be filled by one person or two persons, depending on the agency's service delivery pattern and perhaps on the size of the agency. However, regardless of the service delivery pattern or the size of the agency, each individual and/or family served in whole or in part by the applying agency must be provided with these two essential components of the service."

Child Welfare League in its "Standards of Homemaker Service for Children" has this to say: "The homemaker supervisor should have professional social work training, experience in casework with families and children, and supervisory or administrative ability and experience in a social agency, preferably an agency serving children."

The important point made in both of these standards is the inclusion of the professional component in homemaker service. It is this component which distinguishes homemaker service as a professional service from housekeeping service.

There are many variations in the delivery patterns of agencies, and just how the professional direction is supplied. In The Children's Aid Society, the director of the service, who is an MSW, is responsible for the employment of the homemakers; orientation and in-service training; and the over-all supervision of the homemakers. She also makes any administrative decisions pertaining to homemaker service cases. We have a supervisor, who also is

an MSW; and four workers, two of whom have masters degrees in social work, and two who have baccalaureate degrees with a undergraduate major in social work. In all instances, the case assessmant and plan is given by a professional staff person.

Our particular homemaker service is a child welfare service. Child Welfare in its Standards of Homemaker Service for Children says this: "The distinctive elements of homemaker service (as a child welfare service) are (a) placement in the home of a trained homemaker employed as an agency staff member, who works together with a caseworker in carrying out a casework plan to help restore and strengthen parental functioning or otherwise assure the child has the care he needs; and (b) use of casework as an integral part of the service."

In many of our cases, we do give the total service including casework. These cases are carried by our social workers with an MSW. However, we also provide homemaker service to families where casework, or psychiatric treatment, is being given by another agency. These cases are carried by our workers with BA degrees. They also carry cases in which casework with the family is not indicated at that point. They either do not need it, or do not want it, or cannot use it for various reasons. They may only need or want help with concrete services which the BA workers provide as well as our

MSW workers. The caseloads do differ in these respects between our MSW an BA staff. However, in the area of working with the homemaker, they all carry the same responsibility. It is also necessary to give in-service training in this area to all workers, (MSW's and BA's) if they have never worked in a homemaker service before.

There are very few agencies who have been able to get enough workers with MSW degrees to work with all the homemakers and give supervision on the cases. Our experience has been that our staff with BA's (with in-service training) have worked out very well in this capacity with the MSW staff making the professional assessments and decisions.

The big problem, of course, arises in areas where there is no professional staff. There are localities where there are no social workers with an MSW available. Since the professional component cannot be provided, it may be that the most that can be given is a housekeeping service to meet the needs of the community. If a mother is ill and cannot care for her home and family, the best that can be done is to give what service is available. It has value in its own right. However, this service does differ in various ways from homemaker service both in training and supervision.

The first step in the process of the training and supervision of homemakers is the orientation of new homemakers. The kind of orientation program which an agency develops is determined by several factors, the first one being the size of the service.

It is generally agreed that it is desirable to give a pre-service training course to new homemakers before they are given any assignment. This is then followed up by an ongoing in-service training program.

The Department of Social Services in New York City has an excellent, very comprehensive pre-service training program. It is a three-week course consisting of 105 hours of intruction. Some sessions are given by a social worker, and some sessions by their home economist according to their particular areas of expertise. They have a model apartment set up so that demonstrations are given and the homemakers get actual practice in home care, laundry, preparation of foods, etc.

The Department has more than 500 homemakers, and when they have taken on new staff it has usually been in groups of about ten. However, most services are not this large. Let us take New York State as an example. In the 1970-71 Triple H Directory of Homemaker-Home Health Aide Services, there were 129 services listed with only 6 having 50 or more full-time homemaker-home health aides,

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and 82 had 10 or less. From this, it is apparent that most services are not large enough to have this kind of comprehensive, class instruction, pre-service training program.

There are a few alternatives which I will briefly mention. In states which have state administered public programs, the State Department of Social Services often conducts a training program to which all of the counties send their new homemakers. Sometimes one agency in a city will give a basic training course to which all the agencies can send homemakers. The American Red Cross in New York City offers a course as it does in some other areas. This basic course is then followed up by the agencies with further training in specifics related to their particular service.

However, most agencies will probably have to rely on themselves for their own orientation and training programs. The homemaker service department of The Children's Aid Society has a staff of 30 homemakers. Usually only one homemaker is employed at a time. Orientation is given by the director and lasts no longer than half a day. It is limited to the absolute essentials which a homemaker must know before we feel we can give her an assignment. We purposely limit it because we feel that it is not feasible to try to give too much to the new

homemaker at this point.

We start off by having the homemaker read our Manual for Homemakers. Again, when we wrote our manual we kept it simple and to the basics. This was for two reasons: first, we felt that if it was too long and complicated no one would use it; and, secondly, if we made it too detailed, it would become too restrictive and there would not be room for flexibility. Our manual covers the following general areas: agency structures and purpose, homemaker's working relationship with social work staff, assignment of cases, relationship with the families, the duties and responsibilities of the homemaker, and personnel policies.

After the homemaker finishes reading the manual, the director goes over it with her section by section, clarifying where necessary, amplifying, and answering any questions. There is a heavy concentration on just a few of the things that we consider the most important rather than overwhelming the new homemaker with so much at one time that the basic essentials are not retained. This is then followed up by our ongoing, in-service training program.

Any training program has to be geared to the background and qualifications of the group being trained. In regard to the training of homemakers, there are several factors to be kept in mind. First of all, it will probably not be a completely homogeneous group in

all areas. For example, the educational background of the homemakers may vary greatly. Our agency does not have any educational requirements, and I do not know of any homemaker service that does. There is no educational requirement specified in the standards of either the National Council of Homemaker-Home Health Aide Services, Inc. or Child Welfare League other than the ability to read and write. In our service, the educational backgrounds of the homemakers range from five years of grammar school to some college. Many of our homemakers are women who were not able to complete their education because of circumstances although they are intelligent women. However, it does mean that the training program has to be geared so that it will reach everyone regardless of their educational background or native abilities.

If we do not have educational requirements, what is it that we do look for? Personal qualities are more important in being a good homemaker. The National Council of Homemaker-Home Health Aide Services in its Training Manual has a section entitled "Desirable Characteristics of Trainees" and they are set forth as follows:

"Maturity-- While there are no age limitations (maturity does not start at a specific age), the age group from 35 to 60 years is commonly considered to be the most desirable.

Responsibility--There should be some indication that the applicant would have a responsible attitude toward her work, and be able and willing, as an employee, to accept and work under the guidance of a supervisor.

Health--The applicant needs to be in good physical health in order to cope with the many demands of the job.

Learning ability--She must be capable of learning how to function adequately in the areas of home management, child care, and care of the aging and chronically ill.

Discretion--There should be adequate indication that the applicant would not only understand but respect the necessity for confidentiality in working with problems of clients and families.

Personal relationships--A warm, out-going, and pleasant personality is a major criterion in selecting an aide since she must be able to get along with and relate well to the people she will be working with--children, aging persons, the ill, etc.

Flexibility--A homemaker must be able to accept change, adapt to individual personalities and adjust to a wide variety of working conditions.

Communication--The applicant must give some evidence of being able to communicate orally with the family to which she may be assigned, and orally and in writing, with the agency and her supervisor."

In order to become a really good homemaker, applicants need to possess these qualities at least in varying degrees. One of the problems in recruiting homemakers is the fact that it is very difficult if not impossible to ascertain whether or not an applicant possesses some of these attributes until after she has been placed on assignments and there has been an opportunity to observe her functioning. Our agency has a three-month probationary period for all non-professional staff (it is a six-month period for professional staff). However, we are finding that three months is really not long enough to get an adequate picture of a homemaker's total performance. In fact, it may take a year or longer to really get a good evaluation of a homemaker. The reasons are fairly obvious. The homemakers work out of the office in the homes of the clients by themselves. The supervising worker is in the office and even though regular home visits are made, there are many things that are not readily picked up through these visits. It is entirely different with staff who are based in the office where there can be closer supervision. Another factor involved is the relationship which the homemaker develops with the family so that they are often reluctant to report to the worker such things as unpunctuality, or slackness in certain areas. This is particularly true when the homemaker is with one family for

an extended period.

Homemaker service has become a complicated service. It has been used increasingly in the last ten years or so in many new and different ways. Many of the situations we go into are very difficult. It does take an unusual sort of person to be able to stand up to the pressures when, like the homemakers, they are in the home with perhaps a disturbed mother for forty hours a week. I never cease to be amazed at the strength and resourcefulness of most of the homemakers.

In addition to personal qualities, we also look for some already acquired skills. This is recognized in the National Council's standards when they state: "It is generally conceded that homemakers functioning under the supervision of the professional staff of a community agency should be mature women with adequate knowledge of food preparation, housekeeping procedures, good judgment, patience, considerable skill in human relationships and, hopefully, a sense of humor to help them meet all sorts of atypical situations in a home."

This standard emphasizes the fact that we do require some pervious experience in these areas either in their own homes or in other people's homes or both. We do not hire someone who has never done any cooking, and start teaching them from scratch. In our particular service, we do not hire anyone who has not had experience with babies - diapering,

bathing, and feeding them. This does not mean that they are "finished products". There is a difference between doing these things in your own home in your own way and performing these tasks in other people's homes as part of an agency's service. This is noted in the National Council's standards when they go on to say that, "Most homemakers will need to increase their fundamental ability through the orientation, educational programs and supervision provided by the agency. It is important that from the beginning their idea of service not be limited by their own home experience and that they concede the right of individuals and families to self-determination in their own patterns of living."

In The Children's Aid Society, immediately after orientation by the director, the new homemaker is given an assignment on a case by one of the social workers. It is at this point that supervision and in-service training begin building on the homemaker's previously acquired experience and skills.

Our in-service training is given in two ways: first, through monthly training sessions held by the director of the service; secondly, through the supervision by the social worker on the individual cases. The two approaches are very closely integrated. There is a component of supervision in the training, and of training in the supervision. The social workers attend all of the training sessions for the homemakers.

Since they directly supervise the homemakers on the cases, it is essential that they know what material has been given to them in the training program. In addition, this session is also part of the social workers in-service training program. They are responsible for the on-the-case supervision of the homemakers. Their particular skills and training equips them for this in the major areas of woking with the family, and helping with social or medical problems. However, their expertise may not lie in the more concrete aspects of home management, and child care. Since working in homemaker service, I have decided that a social worker in this setting really needs to be a "Jack of all trades".

This is how the social work staff re-enforces the training program at the on-the-job level. On the other hand, the director gets the feed back from the supervising social workers as to what the weak areas of the homemakers are, and what should be emphasized in the training program. (Individual weaknesses are taken up with the particular homemakers. However, there are certain areas in which a number of homemakers may need help and these are covered in the monthly sessions.)

A factor which determines the kind of training program an agency has is the setting. Some agencies are wholly a homemaker service - that <u>is</u> their service. They give homemaker service across the board, i.e., families with children,

adults, and the aged. Other homemaker services are part of another setting and the service is geared to this. For example, some services for the aged have a homemaker service which is for the aged only. On the other hand, The Children's Aid Society is a child welfare agency providing a wide variety of services for children, one of which is homemaker service. We only provide service to families with at least one child, and our training program is geared to this. Our concentration is heavily in the areas such as child development, child care, and an understanding of emotional disturbance, mental illness, and retardation. In recent years, we have been in more cases for these reasons than for physical illness although that is still an important part of our service.

The training sessions are usually conducted by the director, who is a social worker. However, from time to time we do have speakers from other fields. For example, someone from the American Red Cross talked on accident prevention; our agency's pediatrician has talked several times on topics such as infant care, and toilet training. Our consultant psychiatrist has given two lectures: one on Adolescence and one on Mental Illness. These lectures have been followed up by the director and re-enforced in subsequent sessions, relating them more specifically to the

kinds of situations which we are involved in and our experiences. There is a great deal of participation by the homemaker in these sessions.

Although our major emphasis is on care of children, and psychological factors, we do not ignore care of the home, nome management, planning of meals, and preparation of food.. As we work a great deal with families on public assistance or self-supporting but marginal income families, we have sessions from time to time on stretching the food budget, and preparation of inexpensive foods. The homemaker themselves contribute a great deal to these sessions. Some of them are very ingenious. We also have a good supply of literature on practically every aspect of home care, and food and nutrituion. There is a great deal of material available at little or no cost. The U.S. Government Printing Office has an extensive list, most state Departments of Health have a lot of material available. Cornell University Extension Department gets out a number of good publications, and there are various other sources.

Our agency does not have a home economist or nutritionist on staff. No one person can be an expert on everything so we do sometimes get specialists from other fields. This has the obvious advantage of their expertise. It also has a disadvantage in that they do not know the staff, and there is a real advantage in having the people who work with the homemakers and know them do as much of the on going, in-service training as possible. For example, in the area

of food and nutrition, we have mainly relied on the literature rather than trying to get an expert in the field, because what we try to cover is just the very elementary, basic facts of nutrition. If special diets are needed, they are always on medical advice and instruction is given on the particular case by the hospital nutritionist.

Many people, not only lay people but also social workers who have never worked in homemaker service, seem to have the impression that the training of homemakers is a matter of perhaps a two to six weeks training course and that's it - they are "trained". Anyone who has worked in homemaker service knows that it is not quite like this - training never ends. There are several reasons for this. First of all, homemaker service is not static. We are constantly finding new ways in which to use homemaker service with new problems necessitating more training, or different training of homemakers. Secondly, it is necessary to repeat the same material at intervals for purposes of re-emphasizing or review. Mental illness is a good example of this. We find that it is necessary to repeat the sessions on this from time to time. It is hard for many homemakers to understand that a mother is not functioning because she is mentally ill and not because she is just "lazy". The interpretation given in the training sessions is re-enforced by the social worker supervising homemakers on these cases.

We cannot talk about training without also discussing "re-training". We do not start with a "clean slate". Our homemakers are mature women who have had some years of experience in caring for their own homes and their own children, and their methods and ways of doing this are well established before they come to us. All of the homemakers do not need re-training. Probably none of them need re-training in all areas. (If they did, they would not be very good candidates for homemaker service.) Sometimes it is possible to retrain and sometimes it is not. For example, we have a homemaker who is really very good and has done an excellent job in some difficult situations, but her toilet training habits are deplorable. She feels that they succeeded with her own children, and we know nothing we can do will change her ways. We have had two training sessions on toilet training and the worker has followed this up discussing it with her in regard to a specific case. From her reactions we are quite sure that while she will give lip service to these "new fangled ideas", there will be no change in her methods. We can work around this by not giving her assignments where she will be involved in toilet training. If it were something that we could not get around, of course, we would not retain the homemaker on staff if she could not change.

As you can see, in-service training and supervision of

the homemaker are so interrelated that there must be close coordination in order to provide an effective service. There are, of course, specifics related to the direct supervision of the homemaker by the social worker.

The worker's supervision of the homemaker covers the following main areas: giving the homemaker the case assignment; getting the homemaker's reports on the case; helping the homemaker with problems by giving help and guidance with the case; seeing that the homemaker's performance in all areas is adequate; and keeping the director informed as to the homemaker's performance on the job.

When the worker gives the homemaker her assignment, she tells her what we know about the case, the hours, and what her duties will be in this particular case. We have a schedule form of duties which is made out by the social worker in her intake interview with the family.

After the homemaker has been placed on an assignment, the worker visits the home either weekly or bi-weekly. The social worker is also required to get reports from the homemaker weekly (sometimes more often) either through office conferences or by telephone when it isn't possible to take the homemaker off of the case to come into the office. This is an extremely important part of both the homemaker's and the worker's job. In the first place, it is essential that they keep in touch with each other

if they are going to work together as a team in giving service to the family. It is also important that we pick up any danger signals as to possible child abuse or gross neglect immediately. As we have been getting into more disturbed family situations, we have picked up a lot of these cases which we have had to take to court to get the children out. Getting the homemaker's reports is not just a simple matter of asking the homemaker for her report. In the training sessions, we do cover reporting and emphasize that any cuts, bruises, or burns must be reported immediately. The homemakers will report anything gross, but may not see some things as being as significant as the social work staff do in terms of behavior and possible problems. The social workers need to know the kind of things to ask the homemaker to elicit the information needed. The social workers are given in-service training on working with the homemakers, including getting reports. One of the problems which we run into particularly with new homemakers is their feeling that if they report problems, it is a reflection upon them - that they have somehow failed on the job if they have not been able to handle all problems within a relatively short time. This may lead them to gloss over problems. It takes a lot of educating to help them understand that it is not a reflection on them as the disturbed children were disturbed long before we entered the case, and the poorly

functioning mother has had problems for a long time. It is necessary to help them realize the importance of letting the social worker know just exactly what is happening so that they can work together to try and help the family -- this is being a good homemaker and doing a good job. We cover this in the training program, and it is followed up by the social workers on the cases.

There is another factor which enters into the supervision of homemakers and that is the homemaker's involvement or over-identification with the family. Although the social workers keep in close touch with the homemakers, their contact is minimal compared with the 40 hours a week most of our homemakers spend with the families. Initially, some homemakers may have a reluctance to share information about "their" family with the social worker. In some instances, this may be conditioned by the homemakers previous conception of social workers. This problem usually works itself out in time. After a while the homemakers realize that the social workers are there to help the family and not to hurt them, and that they can be of help. The success of homemaker service does depend upon the social worker and the homemaker working together with mutual respect for each other's role and function. One of our requirements is that the homemaker be able to accept supervision and to work with the social worker, and we could

not retain a homemaker who was not able to do this. Actually, this has not been a serious problem for us, but it could be a possibility. (Conversely, the social workers also have to be able to work as a team with the homemakers.)

Another factor which helps in cultivating a good staff working relationship is the identification with the service and with the agency which the homemakers do develop. The homemakers are full-time staff members of The Children's Aid Society with all the fringe benefits. They participate on appropriate staff committees such as Personnel Practices, and Gift and Hospitality Committee. They do feel a part of the whole staff.

The supervising social workers are also responsible for keeping the director informed as to the individual homemaker's performance on the cases. We have a reporting form for this which covers these areas:

1. Ability to understand and adapt to family.
2. Understanding of children and ability to care for them.
3. Ability to organize work and times.
4. Skill in care of household.
5. Skill in budgeting, shopping, meal planning and preparation of food.
6. Ability to work with social worker.
7. Ability to make pertinent observations.
8. Attendance, including punctuality.

The social workers are instructed not to comment on any items that they really do not know about so that evaluations will be accurate. As stated previously, it can sometimes take quite a while to get a fairly good evaluation of a homemaker's performance on the job. We try to assign new homemakers to a series of relatively short term cases. First, to give them a variety of different experiences as part of their initial in-service training; secondly, because it helps to get a better picture of their performance than if they are on one case for an indefinite period.

Our Homemaker Service does not loan its homemakers to other agencies nor to other departments in The Children's Aid Society. In most of our cases, we do give the total service. However, we also provide homemaker service for other agencies or other C.A.S. departments when the casework service is being given by them. Our worker supervises the homemaker and handles anything pertaining to homemaker service with the family. We feel that it is essential that the homemaker be supervised by our social workers who know the homemakers and know homemaker service if it is to be an effective professional service. Homemaker service is a specialized service. When homemakers are loaned out and supervised by workers who are not experienced in homemaker service, it often tends to become a housekeeping service.

Paraprofessionals are being used more and more in various ways by social agencies in the delivery of services.

Using paraprofessionals as homemakers is one of the ways they are used. Some other uses of paraprofessionals are as escorts for children; handicapped adults, or the aged; baby sitters, or for specific things such as helping with shopping, housing applications, and a variety of similar services.

Of all the many uses of paraprofessionals, the supervision of homemakers is probably the most complex. The homemakers, unlike other paraprofessionals (or professionals) are right in the home with the families in many instances for eight hours a day, five days a week, and sometimes for periods of months or several years in some cases. Many of these families have multiple problems and are difficult to work with. It is one thing to see an emotionally disturbed mother for one hour once a week, and another thing to be in the home with her for forty hours a week. The social worker needs to give the homemakers on these cases a great deal of support and a chance to ventilate as well as giving them guidance on handling the many problems which they encounter in these situations. It is also very important for the worker to give the homemaker continuing interpretation of the family's problems and needs so that she does not react to their demands and pressures with hostility but can handle them in a realistic and objective way.

Another aspect is the danger of the homemaker's becom-

ing too over-involved with the family to the detriment of the service. It is unrealistic to think that any woman who is warm and with feeling for people, which are the qualities which we look for in homemakers, is not going to get involved to some degree with families that she is spending so much time with in their own homes. Actually, this is one of the great values of homemaker service if it is kept within bounds. It is the supervising social worker's responsibility to watch this and to try to keep things under control so that the homemaker does not get inappropriately involved. The homemaker because of the nature of the job is involved in many facets of the family's life. In turn, supervision of the homemaker covers these many areas and needs to be more comprehensive than that of a paraprofessional who is performing one or two specific tasks in circumscribed areas.

The supervision of homemakers also includes working together with the homemaker as a team. This is essential in providing a good and effective service to the family. It also takes more skill on the part of the supervising worker than it does to supervise a paraprofessional who just carries out instructions under supervision.

It takes both homemakers and social workers to provide homemaker service as a social service to the community.

They are inter-dependent upon each other and neither one can do the job alone.

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Child Welfare League of America
Eastern Regional Conference
Washington, D.C.

May 16, 1973

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